

NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF
FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 09/132746

Total Fee Calculation

Fee Code	Total = Claims	Number Excl	X	Fee	Fee =
Sch/Lg				Sch Entity	Lg Entity
Basic Filing Fee	<u>201/101</u>				
Total Claims >20	<u>203/103</u>	<u>128</u>	-20 = <u>108</u>	X	<u>790</u> <u>790</u>
Independent Claims >3	<u>202/102</u>	<u>6</u>	-3 = <u>3</u>	X	<u>22</u> <u>2376</u>
Mult. Dep. Claim Prices:	<u>204/104</u>				<u>82</u> <u>246</u>
Surcharge	<u>205/105</u>				<u>270</u>
English Translation	<u>139</u>				<u>—</u>
TOTAL FEE CALCULATION					
					<u>3682</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 3682.00

Less Filing Fees Submitted - \$ 3,198.00

BALANCE DUE = \$ 484.00

Helen Ode
Office of Initial Patent Examination

CLAIMS

\$ 484 Due

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

79

132-74

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	18 minus 20 = * 108	
INDEPENDENT CLAIMS	6 minus 3 = * 3	
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY
TYPE C

RATE	FEES
	395.00
x\$11=	
x41=	
+135=	
TOTAL	

OR OTHER THAN
SMALL ENTITY

RATE	FEES
	790.00
x\$22=	237
x82=	346
+270=	870
TOTAL	3632

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

SMALL ENTITY

RATE	ADDI- TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDI- TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDI- TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.